

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
P.O. Box 903447
Sacramento, CA 94203-4470

REGISTRATION FORM

1. Official name and mailing address of organization: _____ Federal Employer Identification Number: _____
Corporate Number: _____
2. Names and addresses of ALL trustees or directors and officers (attach list if necessary): _____
3. Attach a statement fully describing the primary activity of the organization. (A copy of the material submitted with the application for Federal or State tax exemption will normally provide this information.)
4. If the organization is **based outside California**, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property and other assets held or expected to be held in California. Indicate whether or not you are monitored in your home state, and if so, by whom.
5. A) If assets (funds, property, etc.) have been received, enter the date first received: _____.
Financial statements for past accounting periods are required. See instructions on reverse.
- B) If assets (funds, property, etc.) have not been received, enter the date when such receipts are expected _____.
Registration will be processed upon receipt of your first financial statement showing assets and/or revenue.
6. Annual accounting period adopted:
- ☐ Fiscal Year Ending _____.
☐ Calendar Year.
7. Attach your founding documents as follows:
- A) Corporations - Furnish a copy of the Articles of Incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California: _____.
- B) Associations - Furnish a copy of the instrument creating the organization (Bylaws, Constitution, and/or Articles of Association).
- C) Trusts - Furnish a copy of the Trust Instrument or Will and Decree of Final Distribution.
8. Attach a copy of the Federal exemption determination letter, if available.

Signature _____ Title _____

Address _____

Date _____ Organization's Telephone Number (____) _____